

Integrated Commissioning Committee (Committees in Common)

16th December, 2020

PRESENT:-

Dr. D. Roper, GP Board Member (Chair for this meeting)
Mrs. K. Marshall, Lay Member
Dr. A. Oehring, GP Board Member

IN ATTENDANCE:-

Councillor Gwen Lunn, Portfolio Holder for Adult Services and Public Health, Hull City Council Integrated Commissioning Executive Sub-Committee
Councillor P. Clark, Portfolio Holder for Learning, Skills and Safeguarding Children
D. Bell, Director of Finance and Transformation (HCC)
E. Daley, Interim Chief Operating Officer, NHS Hull Clinical Commissioning Group
J. Weldon, Director of Public Health and Adults
S. Laverack, Legal Services, Community Team Leader (HCC)
N. Daynes, Head of Adults Commissioning and Procurement
L. Scholes, Senior Democratic Services Officer (HCC)

APOLOGIES:-

Councillor J. Black, Portfolio Holder for Housing, Hull City Council Integrated Commissioning Executive Sub-Committee

Minute No.	Description/Decision	Action By/ Deadline
25.	DECLARATION OF INTERESTS Councillor Clark declared a personal interest in minute 28 insofar as his daughter worked for one of the schools affected.	
26.	MINUTES OF THE MEETING HELD ON WEDNESDAY, 28th OCTOBER 2020 Agreed – that, the minutes of the meeting held on Wednesday, 28 th October, 2020, be taken as read and correctly recorded and be signed by the Chair.	
27.	AGREEMENT UPON THE STRUCTURES FOR PROCURING ALTERNATE EDUCATIONAL PROVISION IN THE CITY INCLUDING THE PROCUREMENT OF A DYNAMIC PURCHASING SYSTEM FOR COUNCIL FUNDED EDUCATIONAL PLACEMENTS	

(Councillor Clark declared a personal interest in minute 27 insofar as his daughter worked for one of the schools affected.)

The Director of Children, Young People and Family Services submitted a report which outlined elements of High Needs Spend and sought the establishment of a Dynamic Purchasing System for the procurement of elements of high needs spend from Academies and other educational establishments.

The comments of the Early Support and Lifelong Learning Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 32.

The Director of Legal Services and Partnerships reported that the report had also been submitted to the Learning Skills Partnership by way of consultation and they had requested that they be further consulted upon the development of the Dynamic Purchasing System, but broadly supported the approach.

Members of the Sub Committees queried the figures set out in the report at 6.18, the officer confirmed this was an error and it should say £30.8m rising to £35m.

Agreed –

- (a) That the Committee agree the Education & Health Care Plan banding rates:

Band 1 - High £2300

Band 2 - Severe £5400

Band 3 - Intensive £8500

Band 4 – Intensive Plus – negotiated rates based on a schedule of rates

and authorise entry into Service Level Agreements with the three Multi Academy Trusts in the city based on those rates for the 2020/21 Academic year.

- (b) That the Committee agree to the establishment of a Dynamic Purchasing System to provide an open and fair basis for facilitation of the procurement of high needs educational placements where the requirement for placements are not met by the core Service Level Agreements, subject to the award criteria reflecting the requirement that for pre and post-16 placements for pupils with an EHCP it is the pupil, and/or parent/guardian, via the statutory EHCP process that selects the placement.

- (c) That the Committee delegate to the Assistant Director (Learning and Skills) in consultation with the Director of Legal Services and Partnerships, authority to enter contracts for the provision of high needs education to children and young people in the city through the Dynamic Purchasing System

(a-b) Director of Children, Young People and Family Services

(c-d) Assistant Director (Learning and Skills)/ Director of Legal Services and Partnerships

	<p>(d) To agree that the top up rates agreed for delivery of alternate provision educational placements be determined annually and published through a decision record issued by the Assistant Director (Learning and Skills) in consultation with the Director of Legal Services and Partnerships.</p> <p>(e) To note that the system will be developed through the Council's existing contract with NQC for the delivery of Dynamic Purchasing Systems for the city.</p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> • The Council is the commissioner for Children's Educational placements through the High Needs funding block. • Council at its meeting in February 2020 agreed the funding framework for the delivery of Educational placements through the High Needs Block. • Negotiation has been undertaken with academies and educational establishments to determine standard rates for educational placements. Those rates comprise a core element of £10k/place deducted by the Secretary of State from the Council's High Needs funding block and paid direct to the contracted educational establishments and the relevant top up rate based on whether the young person is assessed as falling within the bands of high, severe, intensive and intensive plus. The rates and service level agreements are set out in Appendix 1. For pupils in specialist settings (special schools and/or resource bases) the banding element forms part of the overall funding package • There is a need for a formal compliant contractual route to commission educational placements where competition is necessary ensure that the quality requirements are met. • A Dynamic Purchasing System is a compliant legal procurement arrangement which provides a ten year framework through which placements can be made with suppliers pre-qualifying as meeting the quality requirements for educational placements at the rates that the Council determines. The Council has an existing contract for the provision of this arrangement with NQC. 	<p>(e) Director of Children, Young People and Family Services</p>
<p>28.</p>	<p>BETTER CARE FUND 2020/21</p> <p>The Statutory Director of Adult Social Care submitted a report which provided an update of the Better Care Fund for 2020/21 highlighting changes from the financial plan for 2019/20, along with an update on the metrics and the High Impact Change Model for managing transfers of people home from hospital.</p> <p>Members of the Sub Committees queried the recommendations at section 2 and section 6 of the report, the officer confirmed that the</p>	

recommendations at section 2 were the decisions, section 6 was a summary.

Agreed –

- (a) That the Committee approves the increase to the Better Care Plan of £1.835m from £47.323m to £49.158m.
- (b) That the Committee notes that the increase has arisen from the planned real terms increase and additional voluntary contributions from the NHS Hull CCG beyond those directly referenced in the original report. The revised plan now stands at £49.158 million. Changes to the funding of the plan are summarized below:

(a-c) Statutory Director of Adult Social Care

Source of funds	Original Plan (Feb 2020)	Revised Plan (Oct 2020)	Change (+/-)
	£m	£m	£m
CCG minimum contribution	21.456	22.543	1.087
CCG voluntary contributions	2.049	2.729	0.680
Improved Better Care Fund (HCC mandatory contribution)	15.940	15.940	0.000
IBCF – Winter Pressures monies (HCC mandatory contribution)	1.453	1.453	0.000
Disabled Facilities Grant (HCC mandatory contribution)	2.533	2.533	0.000
HCC voluntary contributions	3.892	3.960	0.068
Total	47.323	49.158	1.835

- (c) That the Committee notes the need to update the s75 pooled fund agreement to reflect the models of operation being developed to manage s117 funding, Continuing health Care and joint initiatives developed in response to the Covid-19 pandemic.

Reasons for Recommendations

- The February report indicated that there was expected to be

	<p>a real terms increase of 3.4% in NHS contributions to the plan which is now reflected in the funding profile.</p> <ul style="list-style-type: none"> • The NHS additional voluntary contributions to the Better Care Fund for 2019/21 reflect the impact of initiatives supported by the Committee in Common at the meetings in February 2019 and February 2020 for introduction over the course of the period of the plan, including the implementation of the Homeless Discharge Service (£235,051) and the addition of mental health funding in relation to services for children and young people under 19 years (increased to £433,999 together with a further contribution of £34,137 toward an integrated Mental Health project) as well as inflationary increases. • Due to the Covid-19 pandemic, there has been no requirement to further revise the core Better Care Fund plan for 2020/21. Systems should assume that spending from ringfenced BCF funds, particularly on existing schemes from 2019/20 and spending on activity to address demands in community health and social care, is approved and should prioritise continuity of care, maintaining social care services and system resilience. • The aligned funds within the Better Care Fund agreement, however, will need to be updated to articulate the models of operation being developed to manage s117 funding, Continuing health Care and joint initiatives developed in response to the Covid-19 pandemic. 	
29.	<p>BETTER CARE FUND – REVIEW OF MENTAL HEALTH ADULT SOCIAL CARE COMMISSIONED SERVICE</p> <p>The Statutory Director of Adult Social Care submitted a report which set out the framework for review of the Social Work element of the Mental Health Adult Social Care Service commissioned by the NHS Hull CCG on behalf of Hull City Council in accordance with the request of the Committee in February 2020.</p> <p>Members of the Sub Committees discussed where the decision would be made whether or not to continue with the contract. The officer explained that a report was due to be submitted to this Committee in February which would be asked to agree to the new Better Care Fund following the end of the current Better Care Fund agreement in March. The existing service was funded by funds the Council transferred into the Better Care Fund for the delivery of that contract which the CCG relied upon to pay for the service. If the Council determined not to enter into the Better Care fund it would trigger the requirement for the CCG to terminate the contractual arrangements. If the funding was not there the service would not be commissioned through the CCG and therefore would revert to the Council. The contract had a requirement to give one year's notice of ending the contract this meant that there would be a one year transition period. The detail would be set out in the report in February.</p>	

The tight timescales were discussed and how important it was for there to be no slippage on the self-assessment. The officer confirmed that they had been working closely with the CCG and Humber Foundation Trust to develop a set of standards and framework measures, Humber Foundation Trust had been involved every step of the way in applying the measures, assurance had been sought that they have been accepted and were being completed, the Trust is aware that they have until the end of December to complete it. The timescale was tight but it had been clear for the whole process that this was the timescale they had to work to. The CCG's Deputy Director of Nursing had been seeking assurance through the quality frameworks on this and supported the Local Authority

Members queried what plan B would be if the Humber Trust did not comply with the requirements, It was explained that in the absence of compliance there would be a need for the decision to be taken in February upon serving notice to take the service back in house for delivery by the Council.

Members of the Sub-Committees also discussed the intentions of the Integrated Care Systems intentions for joint commissioning. There would need to be tighter governance around joint commissioning. The officer confirmed that clarity upon the new governance arrangements for health commissioning where services were jointly funded from Council and CCG funds was crucial. There was a need to develop immediate plans in the new year for management of the commissioning arrangements for such contracts coming forward allowing for early input into the process and allow for joint decisions. Under Integrated Care Systems it was expected it may not be the same arrangement as had existed to date.

Agreed – It is recommended that the review of adult social care mental health service delivered by Humber Teaching Foundation NHS Trust Humber be undertaken in accordance with the methodology set out within this report and a final report provided to the meeting of the Committees in February 2021 to inform agreement upon the Better Care Plan 2021-3.

Reasons for Recommendations

- Self-assessment by the service and subsequent challenge of that self-assessment through detailed evaluation of service delivery is a tried and tested methodology for assessing the quality of social work service delivery. It supports reflective practice, enabling identification of disconnection between perception and reality of service delivery.
- Terminating the contractual arrangements prior to such review and bringing the service back within the Council, would not provide the opportunity to test out whether the issues raised are capable of resolution within the framework of an integrated health and social care model.

Statutory
Director of Adult
Social Care

<p>30.</p>	<p>SECTION 117 FUNDING RESPONSIBILITY AND REVISION OF JOINT MULTI AGENCY PROTOCOL FOR PLANNING AND PROVISION OF AFTERCARE SERVICES</p> <p>The Statutory Director of Adult Social Care submitted a report which sought approval to establish local multi-agency procedures in relation to Section 117 aftercare.</p> <p>Members of the Sub Committees discussed the Continuing Healthcare Panel which would change to a combined panel within the NHS structures looking at section 117 funding as well. The officer confirmed that this model was also being used by Barnsley Council and CCG. The combined panel would include a balance of officers from the CCG and the Council and would be ready to start in April.</p> <p>Agreed –</p> <p>(a) That the Committee approve the Terms of Reference of the NHS funding eligibility panel appended at Appendix 2 through which the NHS Hull CCG relative contribution of the health funding to s117 after care costs is determined.</p> <p>(b) That the Committee delegate to the Panel (former Continuing Health Care Panel, rebadged as the Continuing Health Care and Mental Health Panel) authority to determine the relative contribution of the NHS Hull CCG to the Council for mental health after care services by categorisation of patients within one of five bands of need.</p> <p>(c) That the Committee adopt the following five bands of patient need for the application of the funding share between the Council and the NHS Hull CCG associated with that need, as set out in detail at Appendix 1, and summarised below:</p> <p style="padding-left: 40px;">Band 1: needs unrelated to their mental health. (funding: 100% Council)</p> <p style="padding-left: 40px;">Band 2: low to moderate acuity psychotic illness, affective disorders (depression and anxiety disorders), chaotic and/or challenging behaviours of low to moderate acuity, moderate cognitive impairment. (funding: CCG 30%; Council 70%)</p> <p style="padding-left: 40px;">Band 3: moderate to high acuity psychotic illness, affective disorders (depression and anxiety disorders), chaotic and/or challenging behaviours of moderate to high acuity, high cognitive impairment (funding CCG 50%; Council 50%)</p> <p style="padding-left: 40px;">Band 4: moderate to high acuity psychotic illness, affective disorders (depression and anxiety disorders), chaotic and/or challenging behaviours of moderate to high acuity, high to severe cognitive</p>	<p>(a-c) Statutory Director of Adult Social Care</p>
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	<p>impairment (funding CCG 50%; Council 50%)</p> <p>Band 5: high to severe acuity psychotic illness, affective disorders (depression and anxiety disorders), chaotic and/or challenging behaviours of high to severe acuity, severe cognitive impairment (funding: CCG 100%)</p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> • The Health service circular HSC200/003 issued February 2000 and the Local Authority Circular LAC 2000(3) states that: Social services and Health Authorities should establish jointly agreed local policies on providing section 117 Mental Health Act aftercare. • The absence of an agreed process has resulted in a situation in which, departing from the guidance, only patients with the highest level of health need have been supported by NHS funding. • There is currently no agreed process in place that enables a decision to be made that allows for analysis, planning, negotiation and agreement. • The funding share model has been developed having regard to the relative roles of health and social care and based on good practice elsewhere. • Having a clear funding framework developed in accordance with the statutory guidance will aid effective planning and provision of s117 aftercare services. • Local multi-agency procedures in relation to s117 Aftercare meets the strategic objectives of the CCG. 	
31.	<p>COMMENTS OF COMMITTEES AND COMMISSIONS</p> <p>The Senior Democratic Services Officer submitted comments in relation to minute 28 from the Council's committees and scrutiny commissions that had considered the reports following the circulation of the agenda for this meeting.</p> <p>Agreed – That the comments be noted.</p>	
32.	<p>DECLARATION OF INTERESTS</p> <p>Councillor Clark declared a personal interest in minute 28 insofar as his daughter worked for one of the schools affected.</p>	

Start: 1.00 p.m.
Finish 1.35 p.m.

The above Executive Decisions will come into force and may be implemented on expiry of five

working days after the publication of the decisions i.e., 30th December, 2020, unless called in by the Overview and Scrutiny Management Committee.

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